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FORM

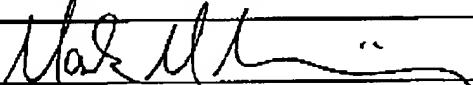
(to be used for all correspondence after initial filing)

|   |                      |                        |              |
|---|----------------------|------------------------|--------------|
| TRANSMITTAL<br>FORM<br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/379,945             |              |
|   | Filing Date          | 08/24/1999             |              |
|   | First Named Inventor | Anderson               |              |
|   | Group Art Unit       | 2466                   |              |
|   | Examiner Name        | Michalski, Justin I.   |              |
| Total Number of Pages in This Submission  | 12                   | Attorney Docket Number | 1006-018/MMM |

## ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |   |  |

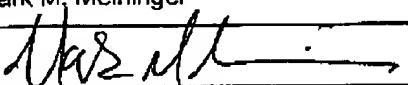
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | Mark M. Meininger, Reg. No. 32,428  |
| Signature               |  |
| Date                    | 03/10/2006  |

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| Typed or printed name | Mark M. Meininger   |
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| Date                  | 03/10/2006  |

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